

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official  
capacity as President of the United States of  
America, et al.,

Defendants.

NO.

DECLARATION OF  
EMMETT STANFIELD

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EMMETT STANFIELD

ATTORNEY GENERAL OF WASHINGTON  
Complex Litigation Division  
800 Fifth Avenue, Suite 2000  
Seattle, WA 98104  
(206) 464-7744

1 I, Emmett Stanfield, declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and make  
3 this declaration based on my personal knowledge.

4 2. I am an independent clinical social worker, licensed by the State of Washington  
5 (LW 61432344). I received a Master of Arts in Social Work (MSW) in 2017 from the  
6 University of Washington with a focus on community-centered integrative practice.

7 3. I have 10 years of experience working within queer and trans communities.  
8 Before opening my mental health counseling practice in September 2020 in Seattle, Washington,  
9 I counseled transgender adults. In my current practice, I provide mental health counseling  
10 primarily to transgender youth or youth who identify as non-binary (i.e., they see themselves as  
11 neither specifically male nor female). They range from ages five to 18 and comprise 80% of my  
12 practice. In addition, I facilitate support groups for trans teens and run therapeutic play groups  
13 for trans kids from ages 5 to 11. In total, I have worked with about 80 trans youth in Seattle since  
14 I opened my private practice.

15 4. There are a range of reasons trans/non-binary kids come to see me for mental  
16 health counseling. Generally, they already have been identifying as trans/non-binary for at least  
17 a year before seeking me out. Their parents reach out to me after their child has told them that  
18 they do not see themselves as the sex they were assigned at birth, and the child is experiencing  
19 heightened and chronic anxiety or other persistent emotional, mental, and physical health  
20 symptoms as a result of the condition referred to as gender dysphoria. Kids as young as first  
21 grade have come to me because they were experiencing depression, anxiety, and shame, and  
22 because at every moment of every day, from the moment they wake to when their head hits the  
23 pillow at night, they consistently, persistently, and insistentlly see themselves as a gender that is  
24 different from the sex assigned to them at birth. They are constantly anxious that their friends,  
25 other students, and the public in general will either discover their “secret” or not see them as  
26 being of the gender they identify as, and not the one reflected by some of their bodily features.

1 Many of the kids come to me for counseling because they have long felt betrayed by their bodies,  
 2 causing them to harm themselves, to express wanting to die, or to exhibit eating disorders, such  
 3 as anorexia nervosa. These symptoms worsen when a trans/non-binary kid understands that their  
 4 body's betrayal will deepen during puberty. Many of my trans/non-binary teenage patients have  
 5 experienced discrimination, harassment, and bullying at school because of their transgender  
 6 status.

7           5. I also counsel the parents of trans/non-binary kids. Often and understandably,  
 8 cisgender parents of a trans child are concerned, fearful, and anxious because of the gender  
 9 dysphoria symptoms their child is experiencing, and they want to learn how to provide support.  
 10 My practice therefore involves mental health counseling for both the child and their parents or  
 11 nuclear family. In my practice, my relationship with a patient and their family lasts years, with  
 12 50-minute sessions once per week or once every other week, where we discuss their day-to-day  
 13 experiences, relationships, emotions, school days, work days, family dynamics, and the highest  
 14 highs and lowest lows of their lives.. I get to be their cheerleader, their confidante, their mediator,  
 15 and a person who challenges them to know themselves and to live as authentically as possible.

16           6. My approach is collaborative and client-centered. This means that the client leads  
 17 the way in our work together. A lot of my work is to build up their self-confidence. Gender non-  
 18 conformity is something that has existed in every society throughout history. Being transgender  
 19 is just another aspect of the human experience. I provide support and tools for the journey my  
 20 client is on. These tools and support include providing information about options that are  
 21 available to the trans/non-binary child for living in the world as the person they are and want to  
 22 be seen as. There are many options to accomplish that, from wearing gender affirming clothes  
 23 to receiving gender affirming medical care. There is no single right path.

24           7. One option is gender affirming medical care, such as taking puberty blockers for  
 25 my younger patients or undergoing hormone therapy for older teens. These therapies help a  
 26

1 transgender youth's body features be more consistent with the sex the child identifies with, and  
 2 therefore assists the child in being seen by others as their true self. I have witnessed that these  
 3 medical therapies significantly ease the emotional, mental, and physical manifestations of gender  
 4 dysphoria that my trans/non-binary clients experience. Just knowing that gender affirming  
 5 medical care is an option greatly lessens the symptoms of gender dysphoria – the anxiety,  
 6 depression, incidents and intensity of self-harm, suicidal ideation – that my trans/non-binary  
 7 patients feel before receiving these therapies. Gender affirming medical care is not a cure-all,  
 8 but it does significantly improve trans/non-binary kids' attitudes and outlook on life. "Passing"  
 9 or being seen as the gender they identify with makes life worth living for many trans/non-binary  
 10 kids. They can walk through the world without being discriminated against or harassed. It's a  
 11 huge shift.

12 8. In my experience, the decision to take puberty blockers or cross-sex hormones is  
 13 made with a great deal of care, thought, research, and after many conversations between  
 14 therapist, parents, child, and doctors over months or even years. And, the child needs a letter  
 15 from their primary care physician and another letter from their therapist before they can take  
 16 puberty blockers or cross-hormones.

17 9. To assess whether puberty blockers or cross-hormones are options for one of my  
 18 trans/non-binary youth patients, I follow the process described on Exhibit A, attached to this  
 19 declaration. As indicated there, this process takes several months at least, and can take years.  
 20 Over that time, the child must consistently, persistently, and insistentlly express their desire for a  
 21 body that reflects a non-binary gender or a gender different than the sex they were assigned at  
 22 birth. This process is consistent with the rigorous, peer-reviewed, and evidenced-based World  
 23 Professional Association for Transgender Health (WPATH) Standards of Care to determine  
 24 whether candidates for gender-affirming medical care meet the criteria for a diagnosis of gender  
 25 dysphoria in the DSM-5. The purpose for following WPATH Standards of Care is to ensure that  
 26

1 an individual patient's care matches the unique medical needs of that patient and provides the  
2 healthiest outcome.

3 10. I have never worked with a trans/non-binary youth who has elected to stop  
4 receiving gender affirming medical care or who has regretted undergoing such care. A few of  
5 my patients have recognized nuances in their gender identity, such as "I am a girl, but there is a  
6 masculine part of me, too." Or, it could be, "I'm a boy, but I like painting my nails and wearing  
7 make-up." But, I have never observed them identify with their sex assigned at birth. And none  
8 has wanted to stop receiving gender affirming medical care.

9 11. I understand that the President of the United States has issued an Executive Order  
10 "Protecting Children from Chemical and Surgical Mutilation," which directs the Department of  
11 Justice to enforce laws against "female genital mutilation" against persons providing or  
12 facilitating gender affirming care to individuals under 19 years old.

13 12. I fear that the Department of Justice could investigate and prosecute me because  
14 of my work in providing gender affirming mental health care to improve the emotional, mental,  
15 and physical health of trans/non-binary youth.

16 13. Equally, I fear for the emotional, mental, and physical health of my trans/non-  
17 binary youth patients if they are not able to access gender affirming medical care. This Executive  
18 Order does not protect children. It will exacerbate their anxiety, depression, shame, self-loathing,  
19 self-harm, suicidal ideation, and lead to substantially worse health outcomes for them. I fear that  
20 this order could also cause my trans/non-binary clients to experience further discrimination from  
21 their peers and adults they may encounter, as both attitudes towards trans/non-binary youth will  
22 become more hostile, and lack of access to gender-affirming medical care will essentially "out"  
23 these youth to the people around them, as their bodies will not visibly align with their gender  
24 identities. Receiving gender-affirming medical care at appropriate ages is crucial in ensuring that  
25 trans and non-binary youth avoid dysphoria-inducing puberty from their sex assigned at birth,  
26

1 and allows them to go through peer-concordant puberty in their identified gender. Accessing this  
 2 medical care as youth is critical in reducing gender dysphoria and its associated mental health  
 3 challenges as adults. This is preventative mental health care.

4 14. This Executive Order further intervenes in the careful process I use to improve  
 5 the health of my patients. The Order replaces medical professionals' judgment with the judgment  
 6 of the President.

7 15. I am bound by the National Association of Social Workers Code of Ethics to  
 8 promote my patients' well-being. By prohibiting gender affirming care for people under 19, this  
 9 Executive Order would force me to choose between possible prosecution and violating my  
 10 ethical and moral duty to my patients when I believe that the potential benefits of gender-  
 11 affirming care outweigh the potential risks for a particular patient. Either I risk losing my  
 12 professional license and potentially incur financial penalties or worse, or I fail to serve my  
 13 patient.

14 I declare under penalty of perjury under the laws of the State of Washington and the  
 15 United States of America that the foregoing is true and correct.

16 DATED this 4th day of February 2025 at Seattle, Washington.

17 *Emmett Stanfield*

18 \_\_\_\_\_  
 19 EMMETT STANFIELD  
 20 Mental Health Counselor